

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						09 / 806435	APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
3								
4	3	①						
5		①						
6	①	①						
7		①						
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9								
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11	1	2						
12	①							
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50								
TOTAL IND.	1							
TOTAL DEP.	1	1	1	1	1	1		
TOTAL CLAIMS	1	7	7	7	7	7		